AND ADIE OF A

## pplication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

09840296

| :  |   | CLAIMS AS                                 |                |                                   |                       |                  |     | Small entity    |                        |    | other               | OTHER THAN                            |  |
|--|---|---|----------------|-----------------------------------|-----------------------|------------------|-----|-----------------|------------------------|----|---------------------|---------------------------------------|--|
|  |   |   | (Column 1)     |                                   | (Column 2)            |                  | TYP | TYPE            |                        | OR | Small (             | EKULY                                 |  |
| TOTAL CLAIMS   |   |   | 25             |                                   |                       |                  | R   | ATE             | FEE                    |    | RATE.               | FEE                                   |  |
| FOR  |   |   | NUMBER FILED   |                                   | NUMBER EXTRA          |                  | BAS | IC FEE          | 355.00                 | OR | Basic Fee           | 710.00:                               |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 25 minus 20=   |                                   | • 5                   |                  | X   | § 9=            |                        | OR | X\$18=              | 90.00                                 |  |
| INDEPENDENT CLAIMS   |   |   | 3 minus 3 =    |                                   | Ů O                   |                  | X   | 40=             |                        | OR | X80=                | *                                     |  |
| MU   | LTIPLE DEPEN  | IDENT CLAIM PR                            | RESENT         | · .                               |                       |                  |     | 35=             | . 8                    | OR | +270=               |                                       |  |
| * If the difference in column 1 is less than zero, enter "0" in  |   |   |                |                                   |                       | olumn 2          | TC  | TAL             |                        | OR | TOTAL               | 800.00                                |  |
| Claims as amended - Part II  |   |   |                |                                   |                       |                  |     |                 | . 1                    |    | other               | THAN                                  |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                |                                   |                       |                  | Sh  | all (           | ENTITY                 | OR | Small E             | · · · · · · · · · · · · · · · · · · · |  |
| AMENDWENT A  |   | CLAIMS REMAINING AFTER AMENDMENT          | ·              | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>DUSLY          | PRESENT<br>EXTRA | R/  | ATE             | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE                |  |
|  | Total   | ů   | Minus          | 90                                |                       | =                | X   | 9=              |                        | OR | X\$18=              |                                       |  |
| AMI  | Independent   | A TATION OF M                             | Minus          | PENDENT                           | CL AIDA               |                  | X   | 40=             |                        | OR | X80=                |                                       |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=  |   |                |                                   |                       |                  |     |                 |                        |    | ÷270=               | . ,                                   |  |
| TOTAL  |   |   |                |                                   |                       |                  |     |                 |                        | OR | YOYAL               |                                       |  |
| ADDITION OF THE CONTRACT OF TH |   |   |                |                                   |                       |                  |     |                 |                        |    |                     |                                       |  |
|  |   | (Column 1)<br>CLAIMS                      | 1              | HIGH                              |                       | (Column 3)       |     |                 | ADDI                   | 1  | F                   | 4001                                  |  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT           |                | PREVIO PAID                       | BER<br>OUSLY          | PRESENT<br>EXTRA | R   | ATE             | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE                |  |
| NON  | Total   |   | Minus          | ά¢                                |                       | =                | X   | § 9 <u>-</u>    |                        | OR | X\$18=              |                                       |  |
| ADAIR  | Independent   | A   | Minus          | 000                               |                       |                  | X   | 40=             |                        | OR | X80=                | ,                                     |  |
|  | FIRST PHESE   | NTATION OF MU                             | JLTIPLE DEP    | ,EMDFM1                           | CLAIM                 |                  |     | 25              |                        |    | 070                 |                                       |  |
| +135=  |   |   |                |                                   |                       |                  |     |                 |                        | OR | +270=               |                                       |  |
|  | TOTAL ADDIT. FEE  |   |                |                                   |                       |                  |     |                 |                        | OR | TOTAL<br>ADDIT. FEE | <u> </u>                              |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                |                                   |                       |                  |     |                 |                        |    |                     |                                       |  |
| AMENDWENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID     | HEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA |     | ATE             | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE                |  |
| NON  | Total   | ٥   | Minus          | ** .                              |                       | =                | X   | 9=              |                        | OR | X\$18=              | j.                                    |  |
| AME  | Independent   | · · · · · · · · · · · · · · · · · · ·     |                |                                   |                       | =                | X4  | <b>40</b> =     |                        | OR | X80=                |                                       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=   |   |   |                |                                   |                       |                  |     |                 |                        |    | +270=               |                                       |  |
|  |   |   |                |                                   |                       |                  |     |                 |                        | OR |                     |                                       |  |
| **   | If the "Highest Nu  | umber Previously Pa                       | aid For IN THI | S SPACE I                         | is less tha           | an 20, enter "20 |     | TOTAL<br>T. FEE |                        | OR | TOTAL<br>ADDIT: FEE |                                       |  |
|  | "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE |   |                |                                   |                       |                  |     |                 |                        |    |                     |                                       |  |